NOFFICIAL CC

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Phone (800) 331-3282 Fax (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address) 5028 SUBURBAN BANK & 15975011 **CT Lien Solutions**

Doc#: 0831122016 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 11/06/2008 08:42 AM Pg: 1 of 1

P.O. Box 29071	A7		
	AM)		
		THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMEN CO. II. COOK+		1b. This FINANCING STATEMENT to be filed [for record] (or record REAL ESTATE RECORDS.	AMENDMENT is ded) in the
1a. INITIAL FINANCING STATEMENT 12. CC IL Cook+			nination Statement.
040816075 02/17/02 CC IL COOK 1	pove is terminated with respect to security inte	erest(s) of the Secured Party authorizing this Continuation	Statement is
3. [X] CONTINUATION: Effectiveness of the Fir and ing Statement identified at	DOVE WITH TESPECT TO THE SECOND		
4. ASSIGNMENT (full or partial): Give name of assigner in item 7a	or 7b and address of assignee in 7c; ar	nd also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This amendment a section of the following three boxes and provide at propriate Also check one of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and provide at propriate and control of the following three boxes and control of the following three boxes are provided at the following three	information in items 6 and/or 7. DELETE name: Give	a record name ADD name: Complete item	7a or 7b. and also ns 7d-7g (if applicable)
Also check one of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes and provide a copyrate of the following three boxes are copyrate o	also give new noe) in item 7c to be deleted in item	6a or 6b. item 7c; also complete item	13 70 19 (11 44
]/		
6. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME	τ_{\sim}		
oa. Orionne		MIDDLE NAME	SUFFIX
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	AZARNIA	
OPHELIA	HENNES		
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
OR 7b. INDIVIDUAL'S LAST NAME	(Mar ra		
	CITY	STATE POSTAL CODE	COUNTRY
7c. MAILING ADDRESS		ON 32, ORGANIZATIONAL ID #, if any	L
TO TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	ON 174, ORGANIZATIONAL ID #, II 221,	, None
7d. SEE INSTRUCTION ADDITION ORGANIZATION			
DEBTOR DEBTOR DOWN ONE DOX			
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	collateral description, or describe collatera	al assigned.	additions
Describe contactor.	WOR Denwo si naronana forestante	Of Schriffen large, and and an annual	g; all proceeds
APN: 10-25-212-024-0000. All Fixtures; whether any of the replacements, and substitutions relating to any of the relating to any of the foregoing (including insurance, or relating to any of the foregoing (including insurance, or relating to any of the foregoing).	foregoing; all records of any ki	nts proceeds)LOTS 77. (2 79.80), 81 AND 82 IN
relating to any of the loregoing the of MINDELEIN	BEING A SUBDIVISION OF F	TAIN OF THE THE	ממוו
relating to any of the foregoing (including insulation). WESTERN SLOPE SUBDIVISION OF MUNDELEIN, 24 AND PART OF THE NORTHEAST 1/4 OF SECTION PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT	ON 25, TOWNSHIP 44 NORTH	1, RANGE 10, EAST OF THE 11, 19, 1925 AS DOCUMENT 25715	1, IN BOOK "N
PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT	THEREOF RECORDED MAI	ERTY OR ITS ADDRESSES IS	COMMONLY
PRINCIPAL MERIDIAN, ACCORDING TO THE OF PLATS, PAGES 98 AND 99, IN LAKE COUNTY, KNOWN AS 200 N. LAKE STREET, MUNDELEIN, IL	60060. THE REAL PROPER	TY TAX IDENTIFICATION NOME	JEK 10
KNOWN AS 200 N. LAKE STREET, MONDELLAND 10-25-212-024-0000			
10-20-212-024-0000			
		If this is an Amendment authoriz	ed by a Debtor which
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	AMENDMENT (name of assignor, if this is a	an Assignment). It this is all American and address in name of DEBTOR authorizing this Amendment.	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS and adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor. 	norized by a Debtor, check here		

NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDM NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDM This is a Termination authorized by	MENT (name of assignor, if this is an Assignor	ent). If this is an Amendment authorized by a Debtor which	h (
adds collateral or adds the authorizing bests, or research 9a. ORGANIZATION'S NAME SUBARBAN BANK & TRUST CO	a Debtor, check here and enter name of the first NAME	MIDDLE NAME SUFFIX	—· — ∧
10. OPTIONAL FILER REFERENCE DATA	S AZARNIA 12685 L	AKE MANOR MANAGEMEN	۲ ٬

15975011 Debtor Name: OPHELIA, HENNES AZARNIA 12685 LAKE MANOR MANAGEMENT